Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			17				1	RATE	FEE	1	RATE	FEE
FOR			. NUMBER FILED		NUMBI	ER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		*			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =				• 1	X43=	<b></b>	OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=	1	OR	+290=	
ـــــــــــــــــــــــــــــــــــــ	the difference	in column 1 is	ess than ze	"0" in c	olumn 2		TOTAL		OR	TOTAL	77)	
$\sim 0.0$							$\int$		L	1011	OTHER	THAN
(Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.00	Minus	7		ā/		XS 9=		OR	X\$18=	
	Independent	•	Minus	A	<u></u>	-	Į Į	X43=		OR	X86≈	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	BNDENT	CLAIM		J	+145=		OR	+290=	
							ı	TOTA			TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)		ADDIT. FEI	- L		AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	┦╽	X43=		ОЯ	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ا ل	+145=		OR	+290=	
TOTAL ADDIT. FEE									ОЯ	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	<b>↓</b>	X43=		OR	X86=	
<u> </u>	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		┛╽	+145=		1	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE										OR	TOTAL	
**	f the "Highest Nu	mber Previously Pa mber Previously Pa aber Previously Pai	id For* IN THI aid For* IN THI	S SPACE i S SPACE i	s less tha s less tha	n 20, enter "20 n 3, enter "3."		ADDIT. FEI	: L	OR x in co	ADDIT. FEE	

FORM PTO-875 (Rev 10:03)

Application or Docket Number